

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Topeka Housing Authority Plans

5 Year Plan for Fiscal Years 2007 – 2011
Annual Plan for Fiscal Year 2007

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: Topeka Housing Authority

PHA Number: KS002

PHA Fiscal Year Beginning: (01/2007)

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☒ Public library
- ☒ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2007 - 2011
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- ☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☒ The PHA's mission is: (state mission here)
To successfully provide accessible affordable housing.
Success will be defined as:
- Putting applicants, tenants and participants first
 - Market competitiveness
 - Fiscal strengths
 - Integrity

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- ☒ PHA Goal: Expand the supply of assisted housing
Objectives:
- ☒ Apply for additional rental vouchers:
 - ☒ Reduce public housing vacancies:
 - ☒ Leverage private or other public funds to create additional housing opportunities:
 - ☒ Acquire or build units or developments
 - ☐ Other (list below)
- ☒ PHA Goal: Improve the quality of assisted housing
Objectives:
- ☒ Improve public housing management: (PHAS score)
 - ☒ Improve voucher management: (SEMAP score)
 - ☒ Increase customer satisfaction:
 - ☒ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
 - ☒ Renovate or modernize public housing units:
 - ☒ Demolish or dispose of obsolete public housing:
 - ☒ Provide replacement public housing:
 - ☐ Provide replacement vouchers:
 - ☐ Other: (list below)

- ☒ PHA Goal: Increase assisted housing choices
Objectives:
- ☒ Provide voucher mobility counseling:
 - ☒ Conduct outreach efforts to potential voucher landlords
 - ☒ Increase voucher payment standards
 - ☒ Implement voucher homeownership program:
 - ☒ Implement public housing or other homeownership programs:
 - ☐ Implement public housing site-based waiting lists:
 - ☐ Convert public housing to vouchers:
 - ☐ Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

- ☒ PHA Goal: Provide an improved living environment
Objectives:
- ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
 - ☒ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
 - ☒ Implement public housing security improvements:
 - ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
 - ☐ Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

- ☒ PHA Goal: Promote self-sufficiency and asset development of assisted households
Objectives:
- ☒ Increase the number and percentage of employed persons in assisted families:
 - ☒ Provide or attract supportive services to improve assistance recipients' employability:
 - ☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
 - ☐ Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- ☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:
- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
 - ☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:

- ☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2007
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

☒ **Standard Plan**

Streamlined Plan:

- ☒ **High Performing PHA**
☐ **Small Agency (<250 Public Housing Units)**
☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

- ☐ Admissions Policy for Deconcentration
- ☒ FY 2006 Capital Fund Program Annual Statement
- ☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- ☒ PHA Management Organizational Chart
- ☐ FY 2005 Capital Fund Program 5 Year Action Plan
- ☐ Public Housing Drug Elimination Program (PHDEP) Plan
- ☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- ☐ Other (List below, providing each attachment name)

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration	Annual Plan: Eligibility, Selection, and Admissions

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
NONE	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
NONE	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
NONE	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NONE	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
NONE	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NONE	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location
Income <= 30% of AMI	4,660	5	5	5	5	5	5
Income >30% but <=50% of AMI	2,862	4	3	4	4	4	4
Income >50% but <80% of AMI	4,520	3	2	3	3	3	3
Elderly	1,478	4	2	3	3	3	3
Families with Disabilities	5,335	4	3	3	5	3	3
Race/Ethnicity	8,629	3	2	3	4	3	3
Race/Ethnicity	2,448	4	3	3	4	3	4
Race/Ethnicity	260	4	3	3	4	3	4
Race/Ethnicity	627	4	3	3	4	3	4

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s
Indicate year:
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- ☐ American Housing Survey data
Indicate year:

- ☐ Other housing market study
Indicate year:
- ☒ Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant-Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	131		
Extremely low income <=30% AMI	117	89.3%	
Very low income (>30% but <=50% AMI)	13	9.9%	
Low income (>50% but <80% AMI)	1	.8%	
Families with children	71	54.2%	
Elderly families	9	6.9%	
Families with Disabilities	20	15.3%	
Race/ethnicity	90/Caucasian	68.7%	
Race/ethnicity	39/African American	29.8%	
Race/ethnicity	2/Indian/Alaskan	1.5%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	87	66.4%	
2 BR	26	19.8%	
3 BR	14	10.7%	
4 BR	4	3.1%	
5 BR			
5+ BR			

Housing Needs of Families on the Waiting List	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
If yes:	
How long has it been closed (# of months)?	
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	1115		
Extremely low income <=30% AMI	922	82.7%	
Very low income (>30% but <=50% AMI)	179	16.1%	
Low income (>50% but <80% AMI)	14	1.2%	
Families with children	794	71.2%	
Elderly families	36	32.2%	
Families with Disabilities	91	6.2%	
Race/ethnicity	671/Caucasian	60.2%	
Race/ethnicity	409/African American	36.7%	
Race/ethnicity	15/Indian	1.3%	
Race/ethnicity	3/Pac Islander	.3%	
Race/ethnicity	17/Mixed	1.5%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	87	66.4%	
2 BR	26	19.8%	
3 BR	14	10.7%	
4 BR	4	3.1%	
5 BR			
5+ BR			

Housing Needs of Families on the Waiting List

Is the waiting list closed (select one)? ☒ No ☐ Yes

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☒ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☒ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- ☒ Apply for additional section 8 units should they become available
- ☒ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- ☒ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☒ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work
- ☒ Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- ☒ Employ admissions preferences aimed at families who are working
- ☒ Adopt rent policies to support and encourage work
- ☒ Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☒ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☐ Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☒ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☐ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☒ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
☐ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
☒ Market the section 8 program to owners outside of areas of poverty /minority concentrations
☐ Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
☒ Staffing constraints
☒ Limited availability of sites for assisted housing
☒ Extent to which particular housing needs are met by other organizations in the community
☒ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
☒ Influence of the housing market on PHA programs
☒ Community priorities regarding housing assistance
☒ Results of consultation with local or state government
☒ Results of consultation with residents and the Resident Advisory Board
☒ Results of consultation with advocacy groups
☐ Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2005 grants)	1,339,332	
a) Public Housing Operating Fund	861,147	
b) Public Housing Capital Fund		
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	3,936,717	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	160,000	Elderly/Disabled Network grant
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
KS16R00250100	137,308	
KS16R00250101	140,104	
KS16R00250102	132,613	
KS16R00250103	102,958	
KS16R00250104	120,480	
KS16P00250105	456,567	
3. Public Housing Dwelling Rental Income	900,000	PH Operations
4. Other income (list below)		
Other resident charges	130,000	PH Operations
Laundry comm.. misc.		
4. Non-federal sources (list below)		
Total resources	8,417,226	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

- a. When does the PHA verify eligibility for admission to public housing? (select all that apply)
- ☐ When families are within a certain number of being offered a unit: (state number)
- ☐ When families are within a certain time of being offered a unit: (state time)
- ☒ Other: (describe)
- b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?
- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☐ Housekeeping
- ☐ Other (describe)
- c. ☐ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes? For Sexual Offender
- e. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)
- ☒ Community-wide list
- ☐ Sub-jurisdictional lists
- ☐ Site-based waiting lists
- ☐ Other (describe)
- b. Where may interested persons apply for admission to public housing?
- ☒ PHA main administrative office
- ☐ PHA development site management office
- ☐ Other (list below)
- c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**
1. How many site-based waiting lists will the PHA operate in the coming year?
2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?
3. ☐ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- ☐ PHA main administrative office

- ☐ All PHA development management offices
- ☐ Management offices at developments with site-based waiting lists
- ☐ At the development to which they would like to apply
- ☐ Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☐ One
- ☒ Two
- ☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

☒ Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☒ Emergencies
- ☐ Overhoused
- ☐ Underhoused
- ☒ Medical justification
- ☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
- ☐ Resident choice: (state circumstances below)
- ☐ Other: (list below)

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing

- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

2 Date and Time

Former Federal preferences:

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
 Victims of domestic violence
 Substandard housing
 Homelessness
 High rent burden

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- ☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease
- ☒ The PHA's Admissions and (Continued) Occupancy policy
- ☒ PHA briefing seminars or written materials
- ☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☒ At an annual reexamination and lease renewal
- ☒ Any time family composition changes
- ☒ At family request for revision
- ☐ Other (list)

(6) Deconcentration and Income Mixing

a. ☐ Yes ☒ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☐ Yes ☒ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- ☐ Adoption of site based waiting lists
If selected, list targeted developments below:
- ☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
- ☐ Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- ☐ Other (list policies and developments targeted below)

d. ☐ Yes ☒ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- ☐ Additional affirmative marketing
- ☐ Actions to improve the marketability of certain developments
- ☐ Adoption or adjustment of ceiling rents for certain developments

- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- ☐ Not applicable: results of analysis did not indicate a need for such efforts
☐ List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- ☐ Not applicable: results of analysis did not indicate a need for such efforts
☐ List (any applicable) developments below:

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- ☒ Criminal or drug-related activity only to the extent required by law or regulation
☐ Criminal and drug-related activity, more extensively than required by law or regulation
☒ More general screening than criminal and drug-related activity (list factors below)
☐ Other (list below)

b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- ☐ Criminal or drug-related activity
☐ Other (describe below)

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- ☒ None
☐ Federal public housing
☐ Federal moderate rehabilitation

- ☐ Federal project-based certificate program
☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance?
(select all that apply)

- ☒ PHA main administrative office
☐ Other (list below)

(3) Search Time

a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

Extensions and Suspensions of Vouchers

Pursuant to our current Administrative Plan, 120 days of search time is granted when the voucher is issued.

1. Extenuating circumstances such as hospitalization or a family emergency for an extended period of time which has affected the family's ability to find a unit within the initial 120 day period. Verification of such circumstances is required.
2. (a) The family has demonstrated that they have made a consistent effort to locate a unit and request support services from the Section 8 office throughout the initial 120 day period with regard to their inability to locate a unit. (b) If a member of the family is a disable person, and the family needs an extension because of the disability, the Housing Authority will consider the grant of an extension as a reasonable accommodation.

The initial term plus any granted extensions may not exceed 150 days.

(4) Admissions Preferences

a. Income targeting

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☐ Yes ☒ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
☐ Victims of domestic violence

- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

2 Date and Time

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
 Victims of domestic violence
 Substandard housing
 Homelessness
 High rent burden

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☒ Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- ☒ This preference has previously been reviewed and approved by HUD
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers
☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☒ The Section 8 Administrative Plan
☒ Briefing sessions and written materials
☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☒ Through published notices
☐ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA’s income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- ☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- ☒ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☐ \$1-\$25
☒ \$26-\$50

2. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member
☐ For increases in earned income
☐ Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

- ☐ Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

- ☐ For household heads
☐ For other family members
☐ For transportation expenses
☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☒ Yes for all developments
☐ Yes but only for some developments
☐ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☒ For all developments
☐ For all general occupancy developments (not elderly or disabled or elderly only)
☐ For specified general occupancy developments

- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☒ Fair market rents (FMR)
- ☐ 95th percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
- ☐ At family option
- ☒ Any time the family experiences an income increase
- ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
- ☐ Other (list below)

g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☒ The section 8 rent reasonableness study of comparable housing
- ☐ Survey of rents listed in local newspaper
- ☒ Survey of similar unassisted units in the neighborhood
- ☐ Other (list/describe below)

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
☐ 100% of FMR
☒ Above 100% but at or below 110% of FMR
☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
☐ The PHA has chosen to serve additional families by lowering the payment standard
☐ Reflects market or submarket
☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
☒ Reflects market or submarket
☒ To increase housing options for families
☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
☒ Rent burdens of assisted families
☐ Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☐ \$1-\$25
☒ \$26-\$50

b. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- ☒ An organization chart showing the PHA's management structure and organization is attached.
- ☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	583	350
Section 8 Vouchers	1,017	2.5%
Section 8 Certificates	0	N/A
Section 8 Mod Rehab	N/A	N/A
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	N/A
Public Housing Drug Elimination Program (PHDEP)	N/A	N/A
Other Federal Programs(list individually)	N/A	N/A

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)
- | | |
|---------------------------|------------------------------|
| ACOP | THA Resolution 2000-4 |
| Maintenance & Replacement | Repair Policies & Procedures |
- (2) Section 8 Management: (list below)
- Section 8 Admin Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☒ PHA main administrative office
☐ PHA development management offices
☐ Other (list below)

B. Section 8 Tenant-Based Assistance

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☒ PHA main administrative office
☐ Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

- ☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at *Attachment A - Annual Statements*

-or-

- ☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. ☒ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund?
(if no, skip to sub-component 7B)

b. If yes to question a, select one:

☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (Attachment A – Annual Statements)

-or-

☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development
- ☐ Revitalization Plan submitted, pending approval
- ☐ Revitalization Plan approved
- ☐ Activities pursuant to an approved Revitalization Plan underway

☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name/s below:

☒ Yes ☐ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
If yes, list developments or activities below:
Kensington Park

☒ Yes ☐ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:
Site acquisition and development with Housing Replacement Funds

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

- ☒ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name: Tyler Towers
1b. Development (project) number: 002
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (05/04/2002)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

Conversion of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway	
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	
<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)	

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined

submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

1. ☒ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

- ☐ Yes ☒ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants
- ☐ 26 - 50 participants
- ☐ 51 to 100 participants
- ☐ more than 100 participants

b. PHA established eligibility criteria

- ☐ Yes ☒ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (1)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

- ☒ Yes ☐ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? 05/07/01

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☒ Client referrals
- ☒ Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☒ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☐ Public housing rent determination policies

- ☒ Public housing admissions policies
☒ Section 8 admissions policies
☐ Preference in admission to section 8 for certain public housing families
☒ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
☐ Preference/eligibility for public housing homeownership option participation
☒ Preference/eligibility for section 8 homeownership option participation
☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☒ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
<i>Kansas Legal Services</i>		<i>Specific Criteria</i>	<i>All</i>	<i>Both</i>
<i>Voc. Rehab Services</i>		<i>Specific Criteria</i>	<i>All</i>	<i>Both</i>
<i>Topeka Transit</i>		<i>Specific Criteria</i>	<i>All</i>	<i>Both</i>
<i>Housing & Credit Counseling</i>		<i>Specific Criteria</i>	<i>All</i>	<i>Both</i>
<i>Educational Opportunity Center</i>		<i>Specific Criteria</i>	<i>All</i>	<i>Both</i>
<i>Topeka Area SRS</i>		<i>Specific Criteria</i>	<i>All</i>	<i>Both</i>

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2006 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	0	09/27/2006
Section 8	17	6

- b. ☒ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
 If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- ☒ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- ☒ Informing residents of new policy on admission and reexamination
- ☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
- ☒ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- ☒ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☒ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☒ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☒ Residents fearful for their safety and/or the safety of their children
- ☒ Observed lower-level crime, vandalism and/or graffiti
- ☒ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☒ Safety and security survey of residents
- ☒ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☒ Resident reports
- ☒ PHA employee reports
- ☒ Police reports

- ☒ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

Polk Plaza and Deer Creek

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☒ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☒ Crime Prevention Through Environmental Design
- ☒ Activities targeted to at-risk youth, adults, or seniors
- ☒ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

Polk Plaza, Pine Ridge, Deer Creek and Western Plaza

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☒ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☒ Police provide crime data to housing authority staff for analysis and action
- ☒ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☒ Police regularly testify in and otherwise support eviction cases
- ☒ Police regularly meet with the PHA management and residents
- ☒ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)

2. Which developments are most affected? (list below)

Pine Ridge, Deer Creek, Western Plaza and Polk Plaza

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

- ☐ Yes ☒ No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
☐ Yes ☒ No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? ____
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☒ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
☐ Not applicable
☐ Private management
☒ Development-based accounting
☒ Comprehensive stock assessment
☐ Other: (list below)
3. ☐ Yes ☒ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

☐ Attached at Attachment (File name)

☐ Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

☐ Considered comments, but determined that no changes to the PHA Plan were necessary.

☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:

☐ Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

☐ Candidates were nominated by resident and assisted family organizations

☐ Candidates could be nominated by any adult recipient of PHA assistance

☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot

☐ Other: (describe)

b. Eligible candidates: (select one)

☐ Any recipient of PHA assistance

☐ Any head of household receiving PHA assistance

☐ Any adult recipient of PHA assistance

☐ Any adult member of a resident or assisted family organization

☐ Other (list)

c. Eligible voters: (select all that apply)

☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)

- ☐ Representatives of all PHA resident and assisted family organizations
☐ Other (list)

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (City of Topeka, Kansas)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
 - ☐ Other: (list below)
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

Attachments

Use this section to provide any additional attachments referenced in the Plans.

1. Annual Statements ----Attachment A
2. Substantial Deviation ----- Attachment B
3. Pet Policy ----- Attachment C
4. Community Service ----- Attachment D
5. Progress Report ----- Attachment E
6. TEB Roster ----- Attachment F
7. Board Roster-----Attachment G
8. Organizational Chart ----- Attachment H

PHA Plan Table Library

Component 7 Capital Fund Program Annual Statement Parts I, II, and II

Annual Statement

Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number FFY of Grant Approval: (01/2007)

☒ Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	199,000
3	1408 Management Improvements	29,000
4	1410 Administration	99,000
5	1411 Audit	2,000
6	1415 Liquidated Damages	
7	1430 Fees and Costs	75
8	1440 Site Acquisition	
9	1450 Site Improvement	35,083
10	1460 Dwelling Structures	510,842
11	1465.1 Dwelling Equipment-Nonexpendable	57,000
12	1470 Nondwelling Structures	30,000
13	1475 Nondwelling Equipment	38,000
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	1,000,000
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement

Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
KS16P002001 Pineridge	Concrete Replacement	1450	2,000
	Playground Resurface	1450	2,000
	Asphalt Repair/Replacement	1450	2,000
	Landscaping	1450	4,000
	Sewer Line Replacement	1450	5,000
	Sewer Clean Out	1450	1,000
	Wood Trash Bins	1450	1,000
	Water Line	1450	100
	Plumbing Upgrade	1460	1,000
	Window Replacment	1460	75,000
	Replace Outside Dividers	1460	10,000
	Replace Kit Sinks, Countertops, Cabinets	1460	30,000
	Mudjack Units	1460	5,000
	Electrical Upgrade	1460	2,500
	Facia Repair/Replace & Paint	1460	5,000
	Central A/C	1460	75,000
	Bathroom Sinks	1460	500
	Roof	1460	10,000
	Dwelling Brick Repair	1460	20,000
	Dryer Venting	1460	500
	Door Replacement	1460	500
	HVAC Vent Cleaning	1460	5,000
	Weatherization	1460	1,000
	Remodel Units	1460	500
	Fencing	1470	15,000
	Guttering/Splashblocks	1470	1,000
KS16P002002 Jackson Towers	Fees & Costs	1430	75
	Concrete Replacement	1450	1,500
	Asphalt Resurfacing	1450	3,000
	Sewer/Drain	1450	2,500
	Exterior Bldg Refurbish	1460	10,000
	Plumbing Upgrade	1460	1,000
	HVAC	1460	50,000
	Electrical/Lighting Upgrade	1460	1,000
	Replace Kit Sinks, Countertops, cabinets	1460	30,000
	Unit Blinds	1460	3,000
	Flooring	1460	20,000
	Rebuild Domestic Hot Water Mixing Val	1460	1,500
	Boiler Upgrade	1460	10,000
	Lobby/Floors Furnishings	1460	5,000
	Emergency System	1460	2,000
	Brick Repair	1460	20,000
	Fencing	1470	2,000
	Balcony Furnishings	1475	1,000
		form HUD 50075 (03/2003)	

Annual Statement

Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
KS16P002003 Polk Plaza	Concrete Work	1450	2,000
	Landscaping	1450	2,000
	Window Treatment	1460	5,000
	Plumbing	1460	1,000
	HVAC	1460	1,000
	Electrical Upgrade	1460	1,000
KS16P002004a Deer Creek	Sewer/Clean Out	1450	1,500
	Landscaping	1450	2,733
	Flooring	1460	5,000
	Showers	1460	19,000
	Plumbing	1460	1,000
	Replace Sinks, Countertops, Cabinets	1460	30,000
	Guttering/Splashblocks	1470	1,000
KS16P002004B Western Plaza	Sewer/Clean Out	1450	750
	Landscaping	1450	1,000
	Flooring	1460	2,000
	Showers	1460	3,000
	Replace Sinks, Countertops, cabinets	1460	9,000
	Replace Water heaters	1460	1,000
	Guttering/Splashblocks	1460	300
	Plumbing	1460	300
	Electrical	1460	300
KS16O002005 Tyler Towers	Heating/Cooling Control Switch	1460	4,500
	Plumbing	1460	3,500
	Electrical Upgrade	1460	1,000
	Public Safety/Security Upgrade	1460	20,000
KS16P002008 Tennessee Town	Concrete	1450	500
	Sewer/Clean Out	1450	500
	Flooring	1460	1,000
	Plumbing	1460	500
	Electrical Upgrade	1460	250
	Replae Sinks, Countertops, Cabinets	1460	3,192
2010 SE California Admin Building	Safety & Security	1470	5,000
	Remodel (Includes Bathrooms)	1470	5,000
	Flooring	1470	3,000

Annual Statement**Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
PHA WIDE	Operations	1406	199,000
	Management	1408	24,000
	Training	1408	5,000
	Administration	1410	99,000
	Audit	1411	2,000
	Flooring	1465	20,000
	Water heaters	1465	2,000
	Appliances	1465	35,000
	Maintenance Equipment	1475	15,000
	Vehicle Replacement	1475	22,000

Annual Statement**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
	Within 2 years from date funds received	Within 4 years from date Funds received

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
KS16P002001	PINERIDGE		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Concrete Replacement		10,000	2008
Landscaping		30,000	
Sewer Line Replace		5,000	
Sewer Clean Out		1,000	
Flooring		10,000	
Plumbing Upgrade		2,000	
Replc Kit Sinks, Countertops, Cabinets		30,000	
Window Replace		100,000	
Mudjack Units		10,000	
Electrical Upgrade		2,500	
Central A/C		150,000	
Bathroom Sinks		1,000	
Guttering/Splashblocks		1,000	
Roof		10,000	
Dryer Venting		3,000	
Door Replacement		3,000	
Fencing		10,000	
Concrete Replacement		10,000	2009
Landscaping		30,000	
Sewer Line Replace		5,000	
Sewer Clean Out		1,000	
Fencing		10,000	
Flooring		10,000	
Plumbing Upgrade		2,000	
Window Replacemnt		100,000	
Replc kit sinks, cntrtops,		30,000	
Mudjack Units		10,000	
Electrical upgrade		2,500	
Central A/C		150,000	
Bathroom sinks		1,000	
Guttering/splashblocks		1,000	
Roof		10,000	
Dryer Venting		3,000	
Door Replacement		3,000	
Concrete Replacement		10,000	2010
Landscaping		30,000	
Sewer Line Replace		5,000	
Sewer Clean Out		1,000	
Fencing		10,000	
Flooring		10,000	
Plumbing Upgrade		2,000	
Window Replacement		100,000	
Rplce kit sinks, cntrtops,		30,000	

form HUD 50075 (03/2003)

Mudjack Units	10,000	2011
Electrical upgrade	2,500	
Central A/C	150,000	
Bathroom sinks	1,000	
Guttering/splashblocks	1,000	
Roof	10,000	
Dryer Venting	3,000	
Door Replacement	3,000	
<hr/>		
Concrete Replacement	10,000	
Landscaping	30,000	
Sewer Line Replace	5,000	
Sewer Clean Out	1,000	
Fencing	10,000	
Flooring	10,000	
Plumbing Upgrade	2,000	
Window Replacement	100,000	
Rplce kit sinks, cntrtops,	30,000	
Mudjack Units	10,000	
Electrical upgrade	2,500	
Central A/C	150,000	
Bathroom sinks	1,000	
Guttering/splashblocks	1,000	
Roof	10,000	
Dryer Venting	3,000	
Door Replacement	3,000	
<hr/>		
Total estimated cost over next 5 years	1,514,000	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	# Vacant Units	% Vacancies in Development
KS16P002002	JACKSON TOWERS		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Fees & Costs		75	2008
Concrete Replacemt		1,500	
Sewer/Drain		2,500	
Plumbing Upgrade		1,000	
Electrical Upgrade		1,000	
Replc Kit Sinks, Cntrtops,		51,000	
Roof Repair/Replac		50,000	
Flooring		20,000	
Brick Repair		30,000	
Rebld hot water val		1,500	
Boiler Upgrade		15,000	
Fencing		2,000	
Fees & Costs		75	2009
Concrete Replacement		1,500	
Sewer/Drain		2,500	
Fencing		2,000	
Plumbing Upgrade		1,000	
Replc kit sinks, cntrtops		30,000	
Electrical Upgrade		1,000	
Flooring		30,000	
Rebld hot water val		1,500	
Boiler Upgrade		15,000	
Brick Repair		30,000	

Fees & Costs	75	2010
Concrete Replacemnt	1,500	
Sewer/Drain	2,500	
Fencing	2,000	
Plumbing Upgrade	1,000	
Replc kit sinks, cntrtops	30,000	
Electrical Upgrade	1,000	
Flooring	30,000	
Rebld hot water val	1,500	
Boiler Upgrade	15,000	
Brick Repair	30,000	
Fees & Costs	75	2011
Concrete Replacemnt	1,500	
Sewer/Drain	2,500	
Fencing	2,000	
Plumbing Upgrade	1,000	
Replc kit sinks, cntrtops	30,000	
Electrical Upgrade	1,000	
Flooring	30,000	
Rebld hot water val	1,500	
Boiler Upgrade	15,000	
Brick Repair	30,000	
Total estimated cost over next 5 years	458,300	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	# Vacant Units	% Vacancies in Development
KS16P002003	POLK PLAZA		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Landscaping		1,000	2008
Flooring		15,000	
Plumbing		1,000	
Roof Repair/replacement		500	
Electrical Upgrade		1,000	
Landscaping		1,000	2009
Flooring		15,000	
Plumbing		1,000	
Roof Repair/replce		500	
Electrical Upgrade		1,000	
Landscaping		1,000	2010
Flooring		15,000	
Plumbing		1,000	
Roof Repair/replce		500	
Electrical Upgrade		1,000	
Landscaping		1,000	2011
Flooring		15,000	
Plumbing		1,000	
Roof Repair/replce		500	
Electrical Upgrade		1,000	
Total estimated cost over next 5 years		74,000	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
KS16P002004a	DEER CREEK		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Sewer/Clean Out		1,500	2008
Flooring		5,000	
Plumbing		1,000	
Guttering/splashblocks		1,000	
Electrical Upgrade		1,000	
Replace sinks, countertops, cabinets		30,000	
Sewer/Clean Out		1,500	2009
Flooring		5,000	
Plumbing		1,000	
Replc sinks, countertops, cabinets		30,000	
Electrical Upgrade		1,000	
Guttering/splashblocks		1,000	
Sewer/Clean Out		1,500	2010
Flooring		5,000	
Plumbing		1,000	
Replc sinks, countertops, cabinets		30,000	
Electrical Upgrade		1,000	
Guttering/splashblocks		1,000	
Sewer/Clean Out		1,500	2011
Flooring		5,000	
Plumbing		1,000	
Replc sinks, countertops, cabinets		30,000	
Electrical Upgrade		1,000	
Guttering/splashblocks		1,000	
Total estimated cost over next 5 years		158,000	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
KS16P002004b	WESTERN PLAZA		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Sewer/Clean Out		750	2008
Landscaping		1,000	
replace sinks, countertops, cabinets		9,000	
Flooring		2,000	
Replace Waterheaters		500	
Guttering/splashblocks		300	
Plumbing		300	
Electrical		300	
Fencing		20,000	
Sewer/Clean Out		750	2009
Landscaping		1,000	
Fencing		20,000	
Flooring		2,000	
Replc sinks, countertops, cabinets		9,000	
Replace Waterheaters		500	
Guttering/splashblocks		300	
Plumbing		300	
Electrical		300	
Sewer/Clean Out		750	2010
Landscaping		1,000	
Fencing		20,000	
Flooring		2,000	
Replc sinks, countertops, cabinets		9,000	
Replace Waterheaters		500	
Guttering/splashblocks		300	
Plumbing		300	
Electrical		300	
Sewer/Clean Out		750	2011
Landscaping		1,000	
Fencing		20,000	
Flooring		2,000	
Replc sinks, countertops, cabinets		9,000	
Replace Waterheaters		500	
Guttering/splashblocks		300	
Plumbing		300	
Electrical		300	
Total estimated cost over next 5 years		136,600	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	# Vacant Units	% Vacancies in Development
KS16P002005	TYLER TOWERS		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Plumbing		1,000	2008
Electrical Upgrade		1,000	
Trash Compactor		5,000	
Plumbing		1,000	2009
Electrical Upgrade		1,000	
Trash Compactor		5,000	
Plumbing		1,000	2010
Electrical Upgrade		1,000	
Trash Compactor		5,000	
Plumbing		1,000	2011
Electrical Upgrade		1,000	
Trash Compactor		5,000	
Total estimated cost over next 5 years		26,000	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	# Vacant Units	% Vacancies in Development
KS16P002008	TENNESSEE TOWN		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Fees & Costs		3,025	2008
Concrete		500	
Sewer/Clean Out		500	
Flooring		1,000	
Plumbing		500	
Electrical Upgrade		250	2009
Fees & Costs		3,025	
Concrete		500	
Sewer/Clean Out		500	
Flooring		1,000	
Plumbing		500	
Electrical Upgrade		250	2010
Fees & Costs		3,025	
Concrete		500	
Sewer/Clean Out		500	
Flooring		1,000	
Plumbing		500	
Electrical Upgrade		250	2011
Fees & Costs		3,025	
Concrete		500	
Sewer/Clean Out		500	
Flooring		1,000	
Plumbing		500	
Electrical Upgrade		250	
Total estimated cost over next 5 years		23,100	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	# Vacant Units	% Vacancies in Development
	PHA WIDE		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Operations		200,000	2008
Management		24,000	
Administration		99,000	
Audit		2,000	
Appliances		50,000	
Maintenance Equipment		5,000	
Vehicle replacement		22,000	
Operations		200,000	2009
Management		24,000	
Administration		99,000	
Audit		2,000	
Appliances		50,000	
Maintenance Equip		5,000	
Vehicle replacement		22,000	
Operations		200,000	2010
Management		24,000	
Administration		99,000	
Appliances		50,000	
Maintenance Equip		5,000	
Vehicle replacement		22,000	
Operations		200,000	2011
Management		24,000	
Administration		99,000	
Appliances		50,000	
Maintenance Equip		5,000	
Vehicle replacement		22,000	
Total estimated cost over next 5 years		1,604,000	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	# Vacant Units	% Vacancies in Development
	2010 SE California		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
			2008
			2009
			2010
			2011
Total estimated cost over next 5 years			

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification		Activity Description						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>

ATTACHMENT A

ANNUAL STATEMENTS

Attachment A

12. Capital Fund Program & Capital Fund Prgrm Replacement Housing Factor Annual Statement/Performance & Evaluation Rpt					
Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16R002501-04 Replacement Housing Factor Grant No:		Federal FY of Grant: 2004	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/06 Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	186,812.00	186,812.00	186,812.00	186,812.00
3	1408 Management Improvements	51,650.00	7,938.94	7,938.94	7,938.94
4	1410 Administration	93,411.00	139,213.03	139,213.03	139,213.03
5	1411 Audit	3,000.00	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	11,912.00	2,108.00	2,108.00	2,108.00
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	42,228.00	76,762.56	76,762.56	76,762.56
10	1460 Dwelling Structures	310,310.00	384,895.71	384,895.71	384,895.71
11	1465.1 Dwelling Equipment—Nonexpendable	56,000.00	71,435.27	71,435.27	71,435.27
12	1470 Nondwelling Structures	113,389.00	11,057.21	11,057.21	11,057.21
13	1475 Nondwelling Equipment	41,200.00	29,689.28	29,689.28	29,689.28
14	1485 Demolition	24,200.00	24,200.00	24,200.00	24,200.00
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	934,112.00	934,112.00	934,112.00	934,112.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16R002501-04 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	Operations	1406		186,822	186,812	186,812	186,812	
	Management	1408		23,000	7,938.94	7,938.94	7,938.94	
	Background Checks	1408		18,000	0	0	0	
	Computer Services	1408		500	0	0	0	
	Internet Access	1408		150	0	0	0	
	Training	1408		10,000	0	0	0	
	Administration	1410		93,411	139,213.03	139,213.03	139,213.03	
	Audit	1411		3,000	0	0	0	
	Surveying	1460		0	340.00	340.00	340.00	
	Flooring	1465		24,000	0	0	0	
	Water Heaters	1465		2,000	0	0	0	
	Appliances	1465		30,000	90,812.17	90,812.17	90,812.17	
	Maintenance Equipment	1475		14,000	2,129.14	2,129.14	2,129.14	
	Vehicle Replacement	1475		25,000	17,313.14	17,313.14	17,313.14	
	Demolition	1485		24,200	0	0	0	
001 PINERIDGE	Fees & Costs	1430		5,000	0	0	0	
	Concrete Replacement	1450		2,500	0	0	0	
	Asphalt Repair/Replacement	1450		5,000	0	0	0	
	Landscaping	1450		0	26,983.38	26,983.38	26,983.38	
	Sewer Line Replacement	1450		2,500	0	0	0	
	Sewer Clean Out	1450		1,000	0	0	0	
	Playground Resurface	1450		0	0	0	0	
	Domestic Water	1460		500	1,884.28	1,884.28	1,884.28	
	Plumbing Upgrade	1460		500	0	0	0	
	Furnace/Therm Replacement	1460		10,000	0	0	0	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16R002501-04 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Window Replacement	1460		47,974	57,862.58	57,862.58	57,862.58	
	Storm Door Replacement	1460		12,500	14,508.63	14,508.63	14,508.63	
	Electrical Upgrade	1460		15,000	220.66	220.66	220.66	
	Unit Renovation	1460		0	96,326.13	96,326.13	96,326.13	
	Central A/C	1460		35,000	0	0	0	
	Protective Fencing around A/C unit	1460		0	0	0	0	
	Bathroom Sinks	1460		500	0	0	0	
	Guttering/Splashblocks	1460		1,000	0	0	0	
	Dwelling Brick Repair	1460		500	0	0	0	
	Dryer Venting	1460		500	0	0	0	
	Door Replacement	1460		2,000	0	0	0	
	HVAC	1460		6,000	39,940.00	39,940.00	39,940.00	
	Non-Dwelling Structures	1470		0	6,382.50	6,382.50	6,382.50	
002 JACKSON	Fees & Costs	1430		75	2,108.00	2,108.00	2,108.00	
	Concrete replacement	1450		1,500	0	0	0	
	Asphalt Resurfacing	1450		5,000	0	0	0	
	Sewer/Drain	1450		2,000	927.50	927.50	927.50	
	Outdoor lighting upgrade	1450		0	0	0	0	
	Landscaping	1450		0	14,759.82	14,759.82	14,759.82	
	Plumbing Upgrade	1460		250	0	0	0	
	HVAC	1460		10,000	4,454.55	4,454.55	4,454.55	
	Handrails	1460		1,000	0	0	0	
	Electrical Upgrade	1460		500	8,252.00	8,252.00	8,252.00	
	Replce Kit sinks, countrtops, cabints	1460		500	0	0	0	
	Ceiling Tile Replacement	1460		500	0	0	0	
	Rebuild Domestic hotwater mix val	1460		1,500	0	0	0	
	Boiler Upgrade	1460		1,500	0	0	0	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16R002501-04 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Lobby/Floors furnishings	1460		8,000	0	0	0	
	Enterphon	1460		20,000	17,226.28	17,226.28	17,226.28	
	Fire Protection Systems	1460		1,000	0	0	0	
	Safety and Security	1460		12,449	13,388.25	13,388.25	13,388.25	
003 POLK PLAZA	Fees & Costs	1430		750	0	0	0	
	Concrete Work	1450		978	0	0	0	
	Asphalt Resurfacing	1450		10,000	16,935.00	16,935.00	16,935.00	
	Landscaping	1450		0	618.74	618.74	618.74	
	Plumbing	1460		500	0	0	0	
	HVAC	1460		500	820	820	820	
	Replace sinks, countertops,cabs	1460		15,000	0	0	0	
	Electrical Upgrade	1460		1,000	165.55	165.55	165.55	
	Common Area Improvement	1460		2,000	0	0	0	
	Enterphon	1460		20,000	0	0	0	
	Lobby/Floors Furnishings	1460		8,000	0	0	0	
	Fire Protection Systems	1460		1,000	0	0	0	
	Remodel Units	1460		15,000	56,050.52	56,050.52	56,050.52	
	Outdoor seating	1475		2,200	0	0	0	
04a DEER CREEK	Fees & Costs	1450		3,700	0	0	0	
	Sewer/Clean Out	1450		1,500	258.02	258.02	258.02	
	Grounds	1450		0	10,248.30	10,248.30	10,248.30	
	Plumbing	1460		500	0	0	0	
	Replace Sinks, Countertops, cabint	1460		10,000	3,218.36	3,218.36	3,218.36	
	Electrical Upgrade	1460		6,250	0	0	0	
	Guttering/Splashblocks	1460		1,000	0	0	0	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16R002501-04 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
04b WESTERN	Fees & Costs	1430		2,387	0	0	0	
	Sewer/Clean Out	1450		750	0	0	0	
	Lighting	1460		1,000	0	0	0	
	Replac Sinks, Countertops, cabinets	1460		9,000	710.33	710.33	710.33	
	Guttering/Splashblocks	1460		300	0	0	0	
	Screen Replacement	1460		5,000	0	0	0	
	Plumbing	1460		300	0	0	0	
	Electrical	1460		300	0	0	0	
005 TYLER TOWERS	Resurface Parking/Drive Area	1450		6,000	5,900.00	5,900.00	5,900.00	
	Window Treatment	1460		10,000	0	0	0	
	Plumbing	1460		1,000	4,869	4,869	4,869	
	Lighting	1460		5,000	0	0	0	
	Replac sinks, countertops, cabinets	1460		3,000	9,718.22	9,718.22	9,718.22	
	Electrical Upgrade	1460		1,000	0	0	0	
	Lobby/Floor Furnishings	1460		8,000	666.95	666.95	666.95	
008 TENNESEE Town	Concrete	1450		1,000	0	0	0	
	Sewer/Clean Out	1450		500	0	0	0	
	Landscaping	1450		1,500	389.82	389.82	389.82	
	Unit Renovation	1460		1,000	3,840.00	3,840.00	3,840.00	
	Plumbing	1460		500	2,721.75	2,721.75	2,721.75	
	Electrical Upgrade	1460		250	0	0	0	
	Outside Benches	1460		6,186	0	0	0	
NORTHLAND	Demolition	1485		24,200	24,200	24,200	24,200	

form HUD 50075 (03/2003)

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16R002501-04 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
2010 CALIFORNIA	Fees & Costs		1430	0	0	0	0	
	Asphalt Repair		1450	1,500	0	0	0	
	HVAC		1470	2,000	0	0	0	
	Garage Bldg		1470	80,000	0	0	0	
	Fire Protection Systems		1470	5,000	0	0	0	
	Roof Replacement/Repair		1470	24,389	37,850.00	37,850.00	37,850.00	
	Building Upgrade		1470	1,000	5,406.48	5,406.48	5,406.48	
	Electrical (includes lighting)		1470	1,000	0	0	0	

12. Capital Fund Prgrm & Capital Fund Prgrm Replacement Housing Factor Annual Statement/Performance & Evaluation Report					
Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16R002501-05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no : 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/06 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	191,313.00	191,313.00	191,313.00	191,313.00
3	1408 Management Improvements	29,000	29,000	1,340.08	1,340.08
4	1410 Administration	95,489	95,489	22,329.43	22,329.43
5	1411 Audit	2,000	2,000	1,000	1,000
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	2,932	2,932	2,260	2,260
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	48,250	8,250	5,275	5,275
10	1460 Dwelling Structures	474,041	474,041	200,946.75	200,946.75
11	1465.1 Dwelling Equipment Nonexpendable	54,000	30,000	16,293.25	16,293.25
12	1470 Nondwelling Structures	22,342	47,334	39,400.76	39,400.76
13	1475 Nondwelling Equipment	37,200	76,608	41,408	41,408
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant⊗sum of lines 2–20)	956,567	956,567	521,566.27	521,566.27
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
Develop # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	Operations	1406		0	191,313	191,313	191,313	
	Management	1408		24,000	24,000	1,340.08	1,340.08	
	Training	1408		5,000	5,000	0	0	
	Administration	1410		92,489	92,489	22,329.43	22,329.43	
	Audit	1411		2,000	2,000	1,000	1,000	
	Flooring	1460		24,000	24,000	6,350	6,350	
	Appliances	1465		30,000	30,000	16,293.25	16,293.25	
	Maintenance Equipment	1475		15,000	15,000	0	0	
	Vehicle Replacement	1475		22,000	61,408	41,408	41,408	
001 – PINERIDGE	Fees & Costs	1430		2,857	0	0	0	
	Landscaping	1450		10,000	2,515	2,515	2,515	
	Sewer Line Replacement	1450		5,000	1,860	1,860	1,860	
	Sewer Clean Out	1450		1,000	100	0	0	
	Plumbing Upgrade	1460		2,000	2,894	2,893.35	2,893.35	
	Hot Water Heaters	1460		1,000	500	0	0	
	Window Replacement	1460		57,143	40,000	23,980.43	23,980.43	
	Flooring	1460		0	870	870	870	
	Storm door replacement	1460		42,600	44,695	44,695	44,695	
	Electrical Upgrade	1460		500	100	0	0	
	Protective Fencing around A/C units	1460		5,000	5,000	3,589.47	3,589.47	
	Central A/C, HVAC	1460		50,000	100,000	72,871	72,871	
	Bathroom Sinks	1460		500	50	0	0	
	Guttering/Splashblocks	1460		1,000	500	0	0	
	Door Replacement	1460		2,000	1,000	0	0	
	HVAC Vent Cleaning	1460		6,000	4,000	0	0	
	Weatherization	1460		250	250	125	125	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250105 Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
Develop # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Fencing	1470		0	13,200	13,200	13,200	
002 JACKSON TOWERS	Fees & Costs	1430		75	672	0	0	
	Sewer/Drain	1450		500	2,719	2,718.81	2,718.81	
	Outdoor Lighting Upgrade	1450		10,000	50	0	0	
	Plumbing Upgrade	1460		500	1,700	1,603.81	1,603.81	
	Exterior Bldg Refurbish	1460		25,000	25,000	0	0	
	Elevator cab/door remodel	1460		10,000	10,000	0	0	
	Electrical Upgrade	1460		1,000	500	0	0	
	HVAC	1460		0	50,000	27,176.40	27,176.40	
	Roof Repair/Replacement	1460		3,000	100	0	0	
	Entry Door/Fire Door Replacement	1460		500	100	0	0	
	Public Safety/Security Upgrade	1460		20,000	20,000	0	0	
	Unit Blinds	1460		3,000	3,000	0	0	
	Ceiling Tile Replacement	1460		500	500	0	0	
	Rebuild Domestic Hotwater Mixing	1460		1,500	1,500	0	0	
	Replace kitchen sinks, countertops,cabi	1460		23,000	1,000	0	0	
	Balcony Furnishings	1475		100	100	0	0	
003 POLK PLAZA	Sewer/Clean Out Drain	1450		2,000	50	0	0	
	Outdoor Lighting Upgrade/Grounds	1450		10,000	125	125	125	
	Office/Common Area	1460		0	5,000	552.66	552.66	
	Plumbing	1460		1,000	3,000	2,615.85	2,615.85	
	Replace Sinks, countertops, cabinets	1460		10,000	10,000	0	0	
	Electrical Upgrade	1460		1,000	500	0	0	
	Enterphon	1460		20,000	20,000	0	0	
	HVAC	1460		10,235	5,000	0	0	
	Remodel Units	1460		15,000	10,000	5,066.12	5,066.12	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
Develop # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Balcony Furnishings	1475		100	100	0	0	
04a DEER CREEK	Sewer Clean Out	1450		1,500	50	0	0	
	Grounds	1450		4,000	500	500	500	
	Energy Improvements	1460		0	100	50	50	
	Showers	1460		1,000	1,000	0	0	
	Plumbing	1460		1,000	1,000	0	0	
	Replace sinks, countertops, cabinets	1460		15,000	15,000	0	0	
	Electrical Upgrade	1460		1,000	1,000	0	0	
	Screen Replacement	1460		20,000	10,000	0	0	
	Guttering/Splashblocks	1460		1,000	1,000	0	0	
	Interior door/door frame replacement	1460		500	500	0	0	
	Unit Renovation	1460		0	600	600	600	
	Fencing	1470		0	540	540	540	
04b WESTERN	Sewer/Clean Out	1450		750	50	0	0	
	Grounds	1450		0	150	150	150	
	Showers	1460		1,000	1,000	0	0	
	Replace sinks, countertops, cabinets	1460		9,000	125	125	125	
	Replace Waterheaters	1460		1,000	500	0	0	
	Guttering/Splashblocks	1460		300	300	0	0	
	Screen Replacement	1460		5,000	5,000	0	0	
	Plumbing	1460		300	300	0	0	
	Electrical	1460		9,100	500	0	0	
	Fencing	1470		0	415	415	415	
005 TYLER TOWERS	Concrete/Grounds	1450		500	125	125	125	
	Outdoor lighting upgrade	1450		2,000	50	0	0	
	Flooring (Halls & units)	1460		0	0	0	0	
	Plumbing	1460		1,000	1,000	0	0	
	Replace Metal Folding Closet Doors	1460		15,000	925	925	925	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
Develop # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Replace Wood Rails on Balcony	1460		5,000	5,000	0	0	
	Replace Sinks, Countertops, Cabinets	1460		15,000	3,000	1,006.34	1,006.34	
	Fire Protection Upgrade	1460		1,550	1,550	0	0	
	Electrical Upgrade	1460		1,000	500	0	0	
	Public Safety/Security Upgrade	1460		19,663	20,000	0	0	
	Elevator Cab/Door Remodel	1460		20,000	16,132	0	0	
	Window Coverings	1460		3,000	19,000	0	0	
	Common Area	1460		0	100	64.72	64.72	
008 TENNESSEE TOWN	Fees and Costs	1430		0	2,260	2,260	2,260	
	Sewer/Clean Out	1450		500	6	0	0	
	Concrete	1450		500	0	0	0	
	Countertops	1460		2,000	2,000	0	0	
	Flooring	1460		1,000	1,000	0	0	
	Plumbing	1460		500	500	0	0	
	Electrical Upgrade	1460		250	250	0	0	
	Replace Sinks, Countertops, cabinets	1460		8,400	400	0	0	
	Landscaping	1460		1,500	1,500	0	0	
	Storm Door Replacement	1460		0	9,950	0	0	
2010 SE California	Flooring	1470		22,000	0	0	0	
	Bldg Upgrade	1470		342	25,246	25,245.76	25,245.76	
	Roof Replacement/Repairs	1470		0	7,533	0	0	

12. Capital Fund Prgm & Capital Fund Prgrm Replacement Housing Factor Annual Statement/Performance & Evaluation Report					
Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16R002501-06 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no :) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/06 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	172,229		0	0
3	1408 Management Improvements	34,000		0	0
4	1410 Administration	86,114		0	0
5	1411 Audit	2,000		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	5,175		0	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	54,400		0	0
10	1460 Dwelling Structures	341,729		0	0
11	1465.1 Dwelling Equipment Nonexpendable	50,000		0	0
12	1470 Nondwelling Structures	76,500		0	0
13	1475 Nondwelling Equipment	39,000		0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant⊗sum of lines 2–20)	861,147			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Develop # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	Operations	1406		172,229		0	0	
	Management	1408		24,000		0	0	
	Training	1408		10,000		0	0	
	Administration	1410		86,114		0	0	
	Audit	1411		2,000		0	0	
	Flooring	1465		20,000		0	0	
	Appliances	1465		30,000		0	0	
	Maintenance Equipment	1475		15,000		0	0	
	Vehicle Replacement	1475		24,000		0	0	
001 – PINERIDGE	Fees & Costs	1430		100		0	0	
	Landscaping	1450		1,000		0	0	
	Sewer Line Replacement	1450		2,500		0	0	
	Sewer Clean Out	1450		1,000		0	0	
	Playground Resurface	1450		100		0	0	
	Waterline	1450		100		0	0	
	Concrete/Asphalt Replacement	1450		100		0	0	
	Plumbing Upgrade	1460		2,000		0	0	
	Hot Water Heaters	1460		50		0	0	
	Window Replacement	1460		25,000		0	0	
	Flooring	1460		0		0	0	
	Replace Kitchen sinks, countertops, cab	1460		5,000		0	0	
	Dwelling Brick Repair	1460		100		0	0	
	Electrical Upgrade	1460		2,500		0	0	
	Protective Fencing around A/C units	1460		13,200		0	0	
	Central A/C	1460		25,000		0	0	
	Bathroom Sinks	1460		100		0	0	
	Guttering/Splashblocks	1460		1,000		0	0	
	Door Replacement	1460		500		0	0	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250106 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Develop # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	HVAC Vent Cleaning	1460		3,000		0	0	
	Weatherization	1460		1,000		0	0	
002 Jackson Towers	Fees & Costs	1430		75		0	0	
	Sewer/Drain	1450		0		0	0	
	Fencing	1450		1,000		0	0	
	Landscaping	1450		2,000		0	0	
	Lobby/Floors Furnishing	1460		5,000		0	0	
	Plumbing Upgrade	1460		1,000		0	0	
	Exterior Bldg Refurbish	1460		0		0	0	
	Elevator cab/door remodel	1460		0		0	0	
	Electrical Upgrade	1460		1,000		0	0	
	Flooring	1460		0		0	0	
	Entry Door/Fire Door Replacement	1460		0		0	0	
	Public Safety/Security Upgrade	1460		0		0	0	
	Unit Blinds	1460		0		0	0	
	Ceiling Tile Replacement	1460		0		0	0	
	Rebuild Domestic Hotwater Mixing	1460		1,500		0	0	
	Replace kitchen sinks, countertops,cabi	1460		5,000		0	0	
	Brick	1460		1,000		0	0	
	Balcony Furnishings	1475		0		0	0	
003 POLK PLAZA	Sewer/Clean Out Drain	1450		0		0	0	
	Outdoor Lighting Upgrade	1450		5,000		0	0	
	Flooring	1460		1,000		0	0	
	Plumbing	1460		1,000		0	0	
	Replace Sinks, countertops, cabinets	1460		0		0	0	
	Electrical Upgrade	1460		1,000		0	0	
	Enterphon	1460		0		0	0	
	HVAC	1460		4,775		0	0	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Develop # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Remodel Units	1460		0		0	0	
	Handrails	1460		500		0	0	
	Domestic H/W Tank Upgrade	1460		500		0	0	
	Common Area Improvements	1460		5,000		0	0	
	Balcony Furnishings	1475		100		0	0	
04a DEER CREEK	Sewer Clean Out	1450		1,500		0	0	
	Fencing	1450		500		0	0	
	Concrete/Asphalt Replacement	1450		1,000		0	0	
	Landscaping	1450		1,000		0	0	
	Flooring	1460		0		0	0	
	Showers	1460		10,000		0	0	
	Plumbing	1460		100		0	0	
	Replace sinks, countertops, cabinets	1460		2,000		0	0	
	Electrical Upgrade	1460		100		0	0	
	Screen Replacement	1460		100		0	0	
	Guttering/Splashblocks	1460		1,000		0	0	
	Interior door/door frame replacement	1460		100		0	0	
	Stair Tread Replacement	1460		500		0	0	
	Rehab Damaged Unit	1460		200		0	0	
04b WESTERN	Sewer/Clean Out	1450		750		0	0	
	Flooring	1460		0		0	0	
	Showers	1460		5,000		0	0	
	Replace sinks, countertops, cabinets	1460		5,054		0	0	
	Replace Waterheaters	1460		1,000		0	0	
	Guttering/Splashblocks	1460		300		0	0	
	Screen Replacement	1460		1,000		0	0	
	Plumbing	1460		300		0	0	
	Electrical	1460		100		0	0	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Develop # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Roof Replacement	1460		0		0	0	
	Fencing	1470		500		0	0	
005 TYLER TOWERS	Concrete	1450		100		0	0	
	Outdoor lighting upgrade	1450		500		0	0	
	Resurface Parking/Drive Area	1450		500		0	0	
	Landscaping	1450		500		0	0	
	Flooring (Halls & units)	1460		0		0	0	
	Plumbing	1460		1,000		0	0	
	Replace Metal Folding Closet Doors	1460		0		0	0	
	Replace Wood Rails on Balcony	1460		100		0	0	
	Replace Sinks, Countertops, Cabinets	1460		1,000		0	0	
	Fire Protection Upgrade	1460		1,550		0	0	
	Electrical Upgrade	1460		1,000		0	0	
	Public Safety/Security Upgrade	1460		500		0	0	
	Elevator Cab/Door Remodel	1460		0		0	0	
	Window Coverings	1460		5,000		0	0	
	Heating & Cooling Switch	1460		0		0	0	
	Replace Shower Doors	1460		1,000		0	0	
	Lighting	1460		500		0	0	
	Install Spring Door Hinge	1460		500		0	0	
	HVAC	1460		500		0	0	
	Lobby/Floor Furnishings	1460		5,000		0	0	
008 Tennessee Town	Sewer/Clean Out	1450		500		0	0	
	Concrete	1450		500		0	0	
	Storm Door Replacement	1460		500		0	0	
	Flooring	1460		0		0	0	
	Plumbing	1460		500		0	0	
	Electrical Upgrade	1460		250		0	0	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250106 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Develop # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Replace Sinks, Countertops, cabinets	1460		2,000		0	0	
	Landscaping	1460		500		0	0	
009 Marshall Square	Concrete	1450		13,000				
	Asphalt	1450		8,000				
	Landscaping	1450		5,000				
	Sewer/Clean Outs	1450		2,000				
	Fencing	1450		6,000				
	Plumbing Upgrade	1460		25,000				
	Window replacement	1460		40,000				
	Electrical Upgrade	1460		25,000				
	Entrance Door Replacement	1460		12,000				
	Storm Door Replacement	1460		10,000				
	Replace Sinks, Countertops, cabinets	1460		25,000				
	HVAC Replacement	1460		10,000				
	Guttering/Splashblocks	1460		2,000				
	Remodel Units	1460		19,300				
	Mudjacking	1460		10,000				
	Flooring	1460		50				
	Appliances	1460		50				
2010 SE California	Fees & Costs	1430		5,000		0	0	
	Parking Lot Asphalt/Repair	1450		10,000		0	0	
	HVAC	1470		3,000		0	0	
	Garage Bldg	1470		65,000		0	0	
	Garage Bldg Elect.	1470		5,000		0	0	
	Fire Protection System	1470		2,000		0	0	
	Flooring	1470		0		0	0	
	Bldg Upgrade	1470		1,000		0	0	

12. Capital Fund Prgrm & Capital Fund Prgrm Replacement Housing Factor Annual Statement/Performance & Evaluation Report					
Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KS16R002501-00			Federal FY of Grant: 2000
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	13,400.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	8,500.00	137,308.00	137,308.00	0
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,000.00			
11	1465.1 Dwelling Equipment Nonexpendable	114,408.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant:(sum of lines 2–20)	137,308.00	137,308.00	137,308.00	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages		
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Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages		
PHA Name: Topeka Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KS16R00250101	Federal FY of Grant: 2001

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Topeka Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KS16R002501-01	Federal FY of Grant: 2001
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☒ Original Annual Statement
 ☐ Reserve for Disasters/ Emergencies
 ☐ Revised Annual Statement (revision no: 1)
☐ Performance and Evaluation Report for Period Ending:
 ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	13,600.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	6,200.00			
8	1440 Site Acquisition	8,500.00	140,104.00	140,104.00	0
9	1450 Site Improvement	1,900.00			
10	1460 Dwelling Structures	98,904.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	11,000.00			
21	Amount of Annual Grant: (sum of lines 2 – 20)	140,104.00	140,104.00	140,104.00	0
22	Amount of line 21 Related to LBP Activities		form HUD 50075 (03/2003)		
23	Amount of line 21 Related to Section 504 compliance	Table Library			
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

[illegible]

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: TOPEKA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KS16R002501-02	Federal FY of Grant: 2002
---------------------------------------	--	------------------------------

☒ Original Annual Statement
 ☐ Reserve for Disasters/ Emergencies
 ☐ Revised Annual Statement (revision no: 1)
 ☐ Performance and Evaluation Report for Period Ending:
 ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	13,200.00	0		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	6,373.00	0		
8	1440 Site Acquisition	15,000.00	132,613.00	132,613.00	0
9	1450 Site Improvement	4,000.00	0		
10	1460 Dwelling Structures	83,440.00	0		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	10,600.00	0		
21	Amount of Annual Grant: (sum of lines 2 – 20)	132,613.00	132,613.00	132,613.00	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

form HUD-50075 (03/2003)

Table Library

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report					
Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: TOPEKA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KS16R002501-03		Federal FY of Grant: 2003	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	10,248.00	0		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,948.00	0		
8	1440 Site Acquisition	11646.00	36,475.00	36,475.00	0
9	1450 Site Improvement	3,105.00	14,000.00	14,000.00	0
10	1460 Dwelling Structures	64,781.00	52,483.00	52,483.00	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	8,230.00	0		
21	Amount of Annual Grant: (sum of lines 2 – 20)	102,958.00	102,958.00	102,958.00	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report					
Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: TOPEKA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KS16R002501-04		Federal FY of Grant: 2004	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		120,480.00	120,480.00	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	120,480.00			
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	120,480.00	120,480.00	120,480.00	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages**

[illegible]

ATTACHMENT B

SUBSTANTIAL DEVIATION

ATTACHMENT B

Substantial Deviation

Definition for Substantial Deviation for the Topeka Housing Authority for 2007 Annual and Five-Year Plan

The Topeka Housing Authority will consider the following to be significant amendments or modifications:

- Changes to rent or admissions policies or organization of the waiting list;
 - Additions of non-emergency work items or change in use of replacement reserve funds under the Capital Fund in excess of \$10,000 cumulative over any twelve-month period.
 - And any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.
- Any change to a DEG grant that requires a budget revision in excess of \$2,000.

ATTACHMENT C

PET POLICY

ATTACHMENT C

RESOLUTION NO. _____ Policies Relating to Common Household Pets

BE IT RESOLVED by the Board of Commissioners of the Topeka Housing Authority (THA) that the following common household pet policy is established for all THA complexes and units. This policy replaces all previous THA policies relating to this subject.

A. General

A common household pet is defined as a dog, cat, bird, reptile, rodent, fish or turtle.

THA will offer housing to pet owners and/or to tenants who acquire pets under the terms and conditions described below.

Note: These policies do not apply to animals that assist persons with disabilities. THA policies regarding service animals are included in a separate resolution.

B. THA Obligations

1. THA will issue and enforce rules relating to tenant ownership and the care of pets.
2. THA will designate and post pet exercise areas at each complex.
3. THA will provide containers for the deposit of pet waste.
4. THA will not register a pet if (a) it is not a common household pet, (b) keeping the pet will violate any THA pet rule, (c) the pet owner fails to provide and/or update complete pet registration information, (d) THA reasonably determines that a pet owner will be unable to comply with THA pet rules and related lease obligations.

B. Tenant Obligations

1. Pet owners must comply with all City and THA rules and regulations relating to the ownership and care of pets.
2. Pet owners are liable for any and all damages resulting from pet ownership including bodily harm to individuals and damages to housing authority buildings and property.
3. Pet owners must pay an additional security deposit for pets as specified in the standard THA/Tenant lease. This pet security deposit will be equal to one-half of the regular security deposit for the unit. (Note: this security deposit requirement does not apply in the case of tenants who utilize service animals.)
4. Pet owners must restrain their pets and have them under effective control inside units, in common areas of THA buildings and on THA property outside THA buildings.
5. Pet owners must register pets with THA before the animal is brought onto THA premises and on or before August 1 of each year thereafter. Persons who have unregistered pets must register them within 30 days of the date of the adoption of this resolution and then on or before August 1 of each year thereafter.
6. As part of the registration process pet owners must provide (a) a certificate signed by a licensed veterinarian indicating that the animal has received all inoculations required by applicable state and local law and that it is spayed or neutered if it is a cat or dog, (b) information or a photograph sufficient to demonstrate that the animal is a common household pet, (c) proof that the animal is properly licensed, and, (d) the name, address, and telephone number of one or more responsible persons who will take care of the pet if the owner dies, is incapacitated, or is otherwise unable to care for the pet.
7. Pet owners must sign a statement indicating that they have read and will abide by the terms of this Resolution and THA's pet rules.

B. Rules

The following rules apply to pet ownership by THA tenants.

1. Type, number and size

The number of pets by type that a tenant can have is limited as follows:

- 1 dog; or,
- 1 cat; or,
- 2 rodents; or,
- 2 reptiles; or,
- 2 birds; or,
- 2 turtles; or,
- 1 20 gallon aquarium of fish.

Dogs and cats cannot weigh more than 16 pounds. Birds may not be more than 12 inches tall. Reptiles may not be more than 3 feet in length.

2. Care of animals

All pets must be kept free from fleas, ticks, vermin and disease.

Pet owners exercising pets on THA property must do so only in areas designated by THA for this purpose. Pet owners must promptly remove and properly dispose of all removable pet waste. Pet owners will be charged \$5.00 for the first occurrence and \$10 per occurrence thereafter when THA staff must remove pet waste from THA premises.

In the case of cats and other pets using litter boxes pet owners must change the litter at least once a week or more often if necessary. Pet waste and used litter must be sealed in plastic and promptly deposited outside in designated containers. Bird cages must be cleaned at least once a week and more often if necessary, and loose seed must be cleaned up promptly.

Authorities will be notified if a pet is left unattended for 24 hours or more, and the pet may be removed from THA premises.

Pets may not be tied, chained or otherwise confined outside anywhere on THA property.

3. Courtesy to other tenants and to THA staff

Pets are allowed in the halls, elevators and common areas of THA high rises only in transition to and from the outside.

THA will terminate the registration for any pet that disturbs other residents or THA staff by barking scratching, whining or by making other unusual noises or engages in any form of threatening behavior.

No pets of visitors are allowed in THA units or on THA premises.

Pet owners may not in any way alter an apartment unit or the area outside a unit to accommodate a pet.

C. Non-Compliance

In the case of any animal owned by a tenant in violation of these policies and rules as of the date of their adoption, the tenant and THA will develop and sign a written agreement within 30 days of adoption of this resolution that specifies how and when the tenant will come into compliance. Thereafter, unregistered pets must be removed from THA property within 24 hours.

Failure to comply with THA pet policies and rules will result in THA serving a written notice of violation on the tenant. This written statement will:

- A) Contain a brief statement of how and what respects a rule has been violated;
- B) State that the owner has 10 days from the date of service to correct the violation including, if appropriate, removal of the animal or to make a written request for a meeting;
- C) *State that the owner is entitled to be accompanied by a person of his/her choice at the meeting;*
- D) State that the pet owner's failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to terminate the owner's tenancy.

If after meeting the owner and THA fail to resolve a problem or problems relating to compliance with THA's pet policies THA will send the owner a written notice that summarizes the rule or rules violated, indicates that the owner must remove the animal within 10 days, and provide notice that failure to remove the animal will result in action to terminate the owner's tenancy.

This resolution was ADOPTED AND APPROVED by the THA Board of Commissioners on _____. This resolution is effective _____.

Robert E. Duncan II, Chair

John Johnston, Executive Director

The Topeka Housing Authority
Resolution No. 2001-14
Policy Regarding Service Animals

Be it resolved by the Board of Commissioners of The Topeka Housing Authority (TTHA) that the following policy and acknowledgement form is established for all TTHA complexes and units. This policy replaces all previous THA policies relating to this subject.

A. General

Service animals are not pets. They are permitted in all TTHA individual units and in all TTHA common areas and grounds.

TTHA welcomes service animals that assist persons of all ages with disabilities.

TTHA acknowledges that qualified individuals with a disability as defined by state and federal civil rights laws, have the right to request "Reasonable Accommodations," in order to live in a unit with the assistance of service animals.

B. TTHA Obligations

TTHA will honor reasonable accommodation requests regarding service animals from persons with disabilities, upon receiving the following written requests: a) a letter from the individual requesting the reasonable accommodation, and b) certification by the owner that the tenant or a member of his or her family is a person with a disability, that the animal has been trained to assist persons with that specific disability and that the animal actually assists the person with the disability. (24 CFR 5.303)

For the protection of the owner and service animal, owners must provide: a) a certification signed by a licensed veterinarian indicating that the animal has received all inoculations required by applicable state and local law, b) information or a photograph sufficient to identify the animal, c) the name, address and telephone number of one or more responsible persons who will take care of the animal if the owner dies, is incapacitated or is otherwise unable to care for the animal.

TTHA will require annually during the re-certification of tenants updated documentation on the above, a), b), and c) issues, if any changes have occurred.

TTHA allows owners of service animals to have other household "pets" as permitted by TTHA pet policies.

C. Tenant Obligations

Persons utilizing service animals will be expected to address the exercise, care and hygiene needs of their animals in ways that meet reasonable public health concerns.

a. Care of service animals

+ All service animals must be kept free from fleas, ticks, vermin and disease.

- + Persons with disabilities shall not leave their service animals unattended for more than 24 hours, and they must remain closely associated with the animal when outside on TTHA's property.
- + Service animals may not be tied, chained or otherwise confined outside anywhere on TTHA property.
- + Service animal owners may not alter an apartment unit or the area outside a unit to accommodate a service animal without prior approval of TTHA.

a. Courtesy to other tenants and TTHA staff

Service animals shall not be permitted to engage in any form of threatening behavior, at any time to anyone on TTHA property. If an animal engages in threatening behavior towards anyone, it will be considered a violation of the lease and a notice will be issued.

Current owners of service animals shall be given 30 days in which to read and/or understand these procedures. If after 30 days, or anytime thereafter, there is non-compliance with any provision under this tenant obligation section, it will be considered a lease violation and an appropriate notice will be issued setting forth Tenant's rights and potential consequences.

This Resolution was adopted by the Topeka Housing Authority Board of Commissioners on October 3, 2001. It is effective on adoption.

For the Topeka Housing Authority

Robert E. Duncan, II, Chair

John C. Johnston, Director

The Topeka Housing Authority
Resolution No. _____
Policy Regarding Companion Animals

Be it resolved by the Board of Commissioners of The Topeka Housing Authority (TTHA) that the following policy and acknowledgement form is established for all TTHA complexes and units. This policy replaces all previous THA policies related to this subject.

A. General

Companion animals are not pets. They are permitted in all TTHA individual units and in all TTHA common areas and grounds.

TTHA welcomes companion animals that assist persons of all ages with disabilities.

TTHA acknowledges that qualified individuals with a disability as defined by state and federal civil rights laws, have the right to request "Reasonable Accommodations," in order to live in a unit with the assistance of companion animals.

B. TTHA Obligations

TTHA will honor reasonable accommodation requests regarding companion animals from persons with disabilities, upon receiving the following written requests: a) a letter from the individual requesting the reasonable accommodation, and b) from a medical or social service professional, with the knowledge necessary to make such a determination that: 1) the tenant or

form HUD 50075 (03/2003)

member of his/her family is a qualified individual with a disability, 2) and that the use of a companion animal is consistent with the individual's need associated with his/her disability.

For the protection of the owner and companion animal, owners must provide: a) a certification signed by a licensed veterinarian indicating that the animal has received all inoculations required by applicable state and local law, b) information or a photograph sufficient to identify the animal, c) the name, address and telephone number of one or more responsible persons who will take care of the animal if the owner dies, or is incapacitated or is otherwise unable to care for the animal.

TTHA will require annually during the re-certification of tenants updated documentation on the above, a), b), and c) issues, if any changes have occurred.

TTHA allows owners of companion animals to have other household "pets" as permitted by TTHA pet policies.

C. Tenant Obligations

Persons utilizing companion animals will be expected to address the exercise, care and hygiene needs of their animals in ways that meet reasonable public health concerns.

b. Care of companion animals

- + All companion animals must be kept free from fleas, ticks, vermin and disease.
- + Persons with disabilities shall not leave their companion animals unattended for more than 24 hours, and they must remain closely associated with the animal when outside on TTHA's property.
- + Companion animals may not be tied, chained or otherwise confined outside anywhere on TTHA property.
- + Companion animal owners may not alter an apartment unit or the area outside a unit to accommodate a companion animal without prior approval of TTHA.

a. Courtesy to other tenants and TTHA staff

Companion animals shall not be permitted to engage in any form of threatening behavior, at any time to anyone on TTHA property. If an animal engages in threatening behavior towards anyone, it will be considered a violation of the lease and a notice will be issued.

Current owners of companion animals shall be given 30 days in which to read and/or understand these procedures. If after 30 days, or anytime thereafter, there is non-compliance with any provision under this tenant obligation section, it will be considered a lease violation and an appropriate notice will be issued setting forth Tenant's rights and potential consequences.

This Resolution was adopted by the Topeka Housing Authority Board of Commissioners on _____. It is effective on adoption.

For the Topeka Housing Authority

Robert E. Duncan, II, Chair

John C. Johnston, Director

ATTACHMENT D

COMMUNITY SERVICE

TOPEKA HOUSING AUTHORITY HUD COMMUNITY SERVICE PROGRAM

I. BASIC INFORMATION

A. INTRODUCTION

These policies and procedures relate to the operation of the HUD Community Service Program sponsored by the Topeka Housing Authority (THA).

B. PARTICIPATION GUIDELINES

With the exceptions listed below, all adult residents of a THA Public Housing complex must contribute at least 8 hours of volunteer community service per month, or participate in a self-sufficiency program for at least 8 hours per month. Residents are exempt from this HUD community service requirement if they are:

- 62 years of age or older;
- Blind or have a disability, and because of this cannot comply with the service provisions of this Program;
- Serve as an aide for a blind or disabled person;
- Engaged in work or preparation for work activities;
- Participating in a State welfare to work program; and/or,
- Receiving state assistance under Title IV of the Social Security Act.

C. WHAT IS WORK OR PREPARATION FOR WORK

Persons who are working and/or are engaged in preparation for work 40 hours or more per month meet the work/preparation for work requirement.

Work and/or preparation for work includes any of the following in any combination.

1. Unsubsidized employment;
2. Subsidized private-sector employment;
3. Subsidized public-sector employment;
4. Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available;
5. On-the-job-training;
6. Job-search and job-readiness assistance;
7. Community service programs;
8. Vocational educational training (not to exceed 12 months with respect to any individual);
9. Job-skills training directly related to employment;
10. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency;
11. **Satisfactory attendance at secondary school or course of study leading to a certificate of general equivalence, in the case of a recipient which has not completed secondary school or received such a certificate; and;**
12. The provision of childcare services to an individual who is participating in a community service program.

D. WHAT IS "COMMUNITY SERVICE"

According to HUD:

“Community service is the performance of voluntary work or duties that are of public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community.”

E. WHAT IS NOT “COMMUNITY SERVICE”

Working on or in any way improving the quality or appearance of one’s own apartment or the apartment of an immediate family is not community service. Community service is not being paid to provide a service, and it is not religious or political activities.

F. TIMELINESS

Eligible residents must contribute at least 8 hours of community service work each month, participate in a self-sufficiency program for at least 8 hours each month, or have a combination of the two that equals at least 8 hours each month. Hours cannot be carried over from one month to the next. (If a resident volunteers 9 hours one month he or she must still volunteer 8 hours the next month. The “extra” hour from the previous month cannot be carried over.) Eligible residents must complete at least 96 community service and/or self-sufficiency hours in any twelve month lease period.

G. COMPLIANCE

THA will verify compliance with HUD community service requirements as a part of a household’s annual recertification. Compliance will be defined as having contributed at least 8 community service and/or self-sufficiency hours for every full month since a previous certification or recertification, regardless of the length of time involved.

For example, a household that is certified on November 15, 2003 and recertified on October 20, 2004 will need to have contributed at least 8 hours of community service and/or engaged in 8 hours of self-sufficiency activities in each of the 10 months of the period from December 1, 2002 through September 31, 2003. Similarly, a household certified on November 15, 2003 and recertified on December 5, 2004 will need to have contributed at least 8 hours of community service and/or engaged in 8 hours of self-sufficiency activities in each of the 11 months from December 1, 2003 through November 30, 2003.

Eligible residents not in compliance with HUD community service requirements at recertification will be offered the opportunity to enter into a written agreement to cure non-compliance. Leases will be renewed for a 12 month period in any situation in which successful completion of such an agreement will cure non-compliance. Failure to make up required volunteer hours in the 12 month term of the new lease will result in non-renewal of the lease.

Failure to comply with HUD community service requirements is grounds for non-renewal of the lease. Any resident who wants to contest a non-renewal of lease decision may do so using THA’s grievance process and/or may seek any available judicial remedy.

II. THA COMMUNITY SERVICE OPPORTUNITIES

A. ELIGIBLE ACTIVITIES

All programs and activities sponsored by THA Resident Organizations are eligible community service opportunities.

B. PROCEDURES FOR THA RESIDENT ORGANIZATIONS AND VOLUNTEERS

To receive credit for volunteer hours contributed to a Resident Organization program or activity, volunteers and Resident Organizations must do the following:

Volunteers must sign a hold harmless agreement (Form 1).

Volunteers must submit documentation for volunteer time worked to the Resident Organization for approval (Form 2).

3. A Resident Organization official must verify the volunteer hours worked (Form 2).
(Note: No official of a Resident Organization may verify his/her volunteer hours worked and/or volunteer hours worked by members of his/her immediate family.)
1. The volunteer must report the total number of his/her approved volunteer hours to THA no less than monthly.

C. APPEALS

An attempt will first be made to resolve any dispute within the Resident Organization in which it arises. A dispute that cannot be resolved at this level will be brought to the THA Director or his/her designee for a decision. Any decision will be final. Matters subject to THA's grievance procedure will be handled through that process.

III. OTHER COMMUNITY SERVICE OPPORTUNITIES

A. ELIGIBLE ACTIVITIES

Programs and activities sponsored by local groups and organizations may represent volunteer community service opportunities.

B. PROCEDURES FOR OTHER ORGANIZATIONS

To receive credit for volunteer hours contributed to a group or organization, individual volunteers and the group of organization must do the following.

- 1. Agree to use a formal procedure to track volunteer time.**
- 2. Volunteers must submit documentation for volunteer time earned to the organization for approval.**
3. An Organization official must verify the volunteer hours worked.
(Note: No official may verify his/her volunteer hours worked and/or volunteer hours worked by members of his/her immediate family.)
4. The volunteer must report the total number of his/her approved volunteer hours to THA no less than monthly.

C. APPEALS

An attempt will be made to resolve any dispute within an organization in which it arises. A dispute that cannot be resolved at this level will be brought to the THA Director or his/her designee for a decision. Any decision will be final. Matters subject to THA's grievance procedure will be handled through that process.

IV. SELF-SUFFICIENCY PROGRAMS

A. ELIGIBLE ACTIVITIES

Residents may meet HUD community service volunteer requirements by participating in a self-sufficiency program sponsored by the State Department of Social and Rehabilitation Services (SRS), THA, or, another agency or organization.

B. PROCEDURES FOR PARTICIPANTS

To receive credit for volunteer participation in a self-sufficiency program a resident and a self-sufficiency program official must do the following.

- 1. The volunteer must complete the self-sufficiency program application process.**
- 2. The volunteer must submit documentation for self-sufficiency time spent to a designated case worker.**
- 3. The case worker must verify the volunteer hours worked.**
- 4. The volunteer must report the total number of his/her approved volunteer hours to THA no less than monthly.**

C. PROGRAM MANAGEMENT

THA staff will provide self-sufficiency program opportunities, and approve economic self-sufficiency program opportunities provided by SRS and other agencies and organizations. Residents may meet the volunteer community service requirement by enrolling in a self-sufficiency program for which they qualify. The program operator must agree to provide THA documentation of participation.

D. APPEALS

An attempt will first be made to resolve any dispute at the level it arises. A dispute that cannot be resolved at this level will be brought to the THA Director or his/her designee for a decision. Any decision will be final. Matters subject to THA's grievance procedure will be handled through that process.



THE TOPEKA HOUSING AUTHORITY
2010 S.E. CALIFORNIA AVENUE
TOPEKA, KANSAS 66607
Phone (785) 357-8842 FAX (785) 357-2648

HUD VOLUNTEER COMMUNITY SERVICES PROGRAM

HOLD HARMLESS AGREEMENT

I, _____, (typed or printed name) hereby agree that when I am doing volunteer work on Topeka Housing Authority (THA) property as part of the HUD Community Services Program I will:

1. *Use any materials, equipment or tools provided by THA or a Resident Organization for intended purposes and in a safe manner; and,*
2. Save, indemnify, and hold harmless THA and its agents, contractors and volunteers from any and all liability that may arise in connection with my participation in this Program.

I have read and agree with the above terms and conditions.

Signature _____ Date _____

Attest:

THA Staff Member _____ Date _____



THE TOPEKA HOUSING AUTHORITY
2010 S.E. CALIFORNIA AVENUE
TOPEKA, KANSAS 66607
Phone (785) 357-8842 FAX (785) 357-2648

HUD VOLUNTEER COMMUNITY SERVICES PROGRAM

RESIDENT INFORMATION:

NAME _____
ADDRESS _____ UNIT NUMBER _____

VOLUNTEER RECORD:

Program/Activity	Dates Worked	Hours Worked
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION:

I certify that the person named above worked the hours indicated on the dates indicated.

Name _____ Date _____
 Title _____ Phone _____
 Signature _____



THE TOPEKA HOUSING AUTHORITY
2010 S.E. CALIFORNIA AVENUE
TOPEKA, KANSAS 66607
Phone (785) 357-8842 FAX (785) 357-2648

HUD VOLUNTEER COMMUNITY SERVICES PROGRAM

RESIDENT INFORMATION:

NAME _____
 ADDRESS _____ UNIT NUMBER _____

THA SELF-SUFFICIENCY PROGRAM PARTICIPATION:

Dates	Hours
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CERTIFICATION:

I certify that the person named above participated in this Program for the hours indicated on the dates indicated.

Name _____ Date _____
 Title _____ Phone _____
 Signature _____



THE TOPEKA HOUSING AUTHORITY
2010 S.E. CALIFORNIA AVENUE
TOPEKA, KANSAS 66607
Phone (785) 357-8842 FAX (785) 357-2648

HUD COMMUNITY SERVICE REQUIREMENT

By federal law, with some exceptions, Public Housing residents must participate in eight hours of community service or economic self-sufficiency activities every month.

I do not have to participate in the HUD Community Services Program for the following reason or reasons: (Check all that apply.)

☐ **I am 62 years of age or older;**
☐ **I am blind or disabled (as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(8)(1); 1382c) and certify that because of this disability I am unable to comply with the service provisions;**

☐ **I serve as a primary caretaker for a blind or disabled person;**
☐ **I spend at least 40 hours per month engaged in work activities as defined in section 407(d) of the Social Security Act (42 U.S.C. 607(d)), specified below: (Circle what applies.)**

- 1. Unsubsidized employment;**
- 2. Subsidized private-sector employment;**
- 3. Subsidized public-sector employment;**
- 4. Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available;**
- 5. On-the-job-training;**
- 6. Job-search and job-readiness assistance;**
- 7. Community service programs;**
- 8. Vocational educational training (not to exceed 12 months with respect to any individual);**
- 9. Job-skills training directly related to employment;**
- 10. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency;**
 - 11. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient which has not completed secondary school or received such a certificate; and**
 - 12. The provision of childcare services to an individual who is participating in a community service program.**

☐ **I am participating in a State welfare to work program; and or**

☐ **I am receiving assistance under a State program funded under Title IV of the Social Security Act.**

APPLICANT CERTIFICATION

I certify that the information provided herein to the Topeka Housing Authority is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Printed Name

Address

Signature

Date

Housing Specialist

Dat



THE TOPEKA HOUSING AUTHORITY

2010 S.E. CALIFORNIA AVENUE

TOPEKA, KANSAS 66607

Phone (785) 357-8842 FAX (785) 357-2648

HUD COMMUNITY SERVICE REQUIREMENT

By federal law, with some exceptions, Public Housing residents must participate in eight hours of community service or economic self-sufficiency activities every month.

I do have to participate in the HUD Community Services Program because I do not meet any of the following criteria:

- I am not 62 years of age or older;
- I am not blind or disabled (as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(8)(1); 1382c) and certify that because of this disability I am unable to comply with the service provisions;
- I do not serve as a primary caretaker for a blind or disabled person;
- I do not spend at least 40 hours per month engaged in work activities as defined in section 407(d) of the Social Security Act (42 U.S.C. 607(d)), specified below:
 1. Unsubsidized employment;
 2. Subsidized private-sector employment;
 3. Subsidized public-sector employment;
 4. Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available;
 5. On-the-job-training;
 6. Job-search and job-readiness assistance;
 7. Community service programs;
 8. Vocational educational training (not to exceed 12 months with respect to any individual);
 9. Job-skills training directly related to employment;
 10. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency;
 11. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient which has not completed secondary school or received such a certificate; and
 12. The provision of childcare services to an individual who is participating in a community service program.
- I do not participate in a State welfare to work program; and/or
- I am not receiving assistance under a State program funded under Title IV of the Social Security Act.

I understand that I have to participate by contributing at least 8 hours of volunteer community service each month. If I do not participate, I understand that THA has the option of not renewing my lease.

Printed Name

Address

Signature

Date

Housing Specialist

Date



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TOPEKA, KANSAS 66607
Phone (785) 357-8842 FAX (785) 357-2648

HUD COMMUNITY SERVICE REQUIREMENT

By federal law, with some exceptions, Public Housing residents must participate in eight hours of community service or economic self-sufficiency activities every month.

Residents are exempt from this community service requirement if they are:

62 years of age or older;

Blind or have a disability;

Serve as an aide for a blind or disabled person;

Employed;

Participating in a State welfare to work program; and or

Receiving assistance under a State program funded under Title IV of the Social Security Act.

I have a disability and, therefore, I have to make the decision if I qualify for the exemption from this requirement.

If you think you cannot meet the requirement to do eight (8) hours of volunteer work every month because of your disability, check the "NO" box below.

If you think you can meet the requirement of this Program to do eight (8) hours of volunteer work every month, check the "YES" box below.

☐

NO. I cannot do eight (8) hours of volunteer work every month as the Program requires.

☐

YES. I can do eight (8) hours of volunteer work every month as the Program requires.

APPLICANT CERTIFICATION

I certify that the information provided herein to the Topeka Housing Authority is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Printed Name

Address

Signature

Date

Housing Specialist

Date

Agency	Address	City	State	Zip	Phone	POC
Cornerstone of Topeka, Inc.	807 SW Western	Topeka	KS	66606	785-232-1650	
Doorstep, Inc	1119 SW 10th Ave	Topeka	KS	66604	785-357-5341	Lisa Lucas
Antioch Family Life Center	1921 SE Indiana	Topeka	KS	66607	232-1937	Delores Anderson
Rescue Mission	600 N. Kansas Ave	Topeka	KS	66608	357-1744	Rebecca Feaker
Breakthrough House	815 SW 5th	Topeka	KS	66603	232-6807	Patricia Vega
Salvation Army	1320 SE 6th	Topeka	KS	66607	233-9648	Volunteer Coordinator Pending
Let's Help Inc	302 Van Buren	Topeka	KS		234-6208x 212/226	John Roberts/Renee
American Red Cross	1221 SW 17th	Topeka	KS	66604	234-0568	Gina
Topeka Aids Project	708 SW 6 th	Topeka	KS	66603	232-3100	Angie Marks

Note: Volunteer applicants may have to complete an application, interviewing and training process with some agencies

ATTACHMENT E

PROGRESS REPORT

**PROGRESS REPORT
NARRATIVE
OCTOBER 1, 2005 THROUGH JUNE 30, 2006**

Need: Shortage of affordable housing

Strategy 1: Maximize the use of current THA resources

THA's Public Housing operating expenditures are \$42,338 below budget for the first five months of 2006. The Public Housing vacancy rate averaged 9.4% from January through May of 2006.

THA provided housing to an average of 1,472 Public Housing and Section 8 Program households per month through May of 2006. This represents a combined average use of 87% of available housing assistance. Since April of 2006 the Public Housing vacancy rate has been dropping and Section 8 usage has been increasing.

THA continues to use a screening process that disqualifies persons from participation in the Public Housing and Section 8 Programs who have criminal histories involving drug and violent crime.

Need: Assistance for families at or below 30% of median

Strategy 1: Target assistance to families at or below 30% of median

HUD requires that at least 40% of all Public Housing and 75% of all Section 8 households have incomes at or below 30% of median (\$12,450 for one person, \$14,200 for a family of two, \$16,000 for a family of three). Well over 75% of all THA Public Housing and Section 8 households have incomes at or below 30% of median. As of the end of May, 2006 the average income for all THA Public Housing households was \$7,593 and the average income for all Section 8 households was \$9,875.

Need: Assistance for families at or below 50% of median

Strategy 1: Target assistance to families at or below 50% of median

(See above: Assistance for families at or below 30% of median)

THA employs one person to provide self-sufficiency support to Public Housing and Section 8 Program households. This staff member helps 20 households annually increase their incomes.

Need: Assistance for special family types

Strategy 1: Target assistance to elderly households

In April of 2002 THA received permission from HUD to designate Tyler Towers as elderly only. Progress in this regard is limited as HUD did not make available Section 8 vouchers that would speed this transition. As of May 31, 2006 persons 55 and older make up 78% of the residents in this complex.

**PROGRESS REPORT
NARRATIVE
OCTOBER 1, 2005 THROUGH JUNE 30, 2006**

Strategy 2: Target assistance to other special households

The race/ethnicity of residents of THA's Public Housing units by percent is as follows.

White	66%	Non-Hispanic	90%
Black	32%	Hispanic	10%
American Indian/Alaska native		2%	
Asian/Pacific Islander/Other	2%		

The race/ethnicity of participants in THA's Section 8 Program by percent is as follows.

White	55%	Non-Hispanic	92%
Black	41%	Hispanic	8%
American Indian/Alaska native,	2%		
Asian/Pacific Islander/Other	2%		

2000 U.S. Census Bureau data relating to the race/ethnicity of poverty households in Topeka by percent are as follows.

White	63%	Non-Hispanic	92%
Black	32%	Hispanic	08%
American Indian/Alaska native		2%	
Asian/Pacific Islander/Other	3%		

City-wide, 62% of all poverty households are headed by females and 38% by males. In contrast, 75% of all THA households are headed by females and 25% by males.

Strategy 3: Affirmatively further fair housing

THA distributes a Section 8 newsletter to landlords and THA staff members participate regularly in meetings of the Shawnee County Landlords Association. A THA staff person helps persons with Section 8 vouchers find quality rental housing across the City. One objective of these activities is to increase rental opportunities outside areas of minority/poverty concentration.

THA plans to use Replacement Housing Funds to acquire an additional 26 units of Public Housing that are outside areas of minority/poverty concentration.

ATTACHMENT F

TENANT EXECUTIVE BOARD

Association	President	Vice President	Secretary	Treasurer	Sgt. Of Arms	Meeting Date/Time	TEB Member	TEB Host	THA Staff Assigned
Polk Plaza	Barbara Glenn	Delores Winters	Marta Herron	Michael Nolting	Anthony Russell	Every 3rd Tues 2:00 pm	Michael Nolting	January August	Kelli Gullick
	1312 SW Polk #210	1312 Polk #811	1312 Polk #104	1312 Polk #301	1312 Polk #212		Anthony Russell (Alt)		
	Topeka, KS 66612	Topeka, KS 66612	Topeka, KS 66612	Topeka, KS 66612	Topeka, KS 66612				
	(785) 235-1932		(785) 233-3351	(785) 233-3411	(785) 608-2692				
Tyler Towers	Betty Chambers	Linda Ball		Zelma Groves	Billy Price	Every 3rd Tues 4:00 pm	Linda Ball	June	Kelli Gullick
	600 SW 14th #608	600 SW 14th #403		600 SW 14th #601	600 SW 14th #707		Zelma Groves		
	Topeka, KS 66612	Topeka, KS 66612		Topeka, KS 66612	Topeka, KS 66612				
				(785) 354-8223					
Pine Ridge			<i>Kathleen Moody</i>		LeRoy Webb	Every 2nd Tues 10:00 am	<i>Kathleen Moody</i>	February September	Lee McClinton
			<i>2953 SE Highland</i>		3041 SE 11 th Ct.		LeRoy Webb		
			<i>Topeka, KS 66607</i>		Topeka, KS 66607				
					233-9927				
Tennessee Town	Betty Jones			<i>Colleen Leach</i>		Every 3rd Mon 10:00 am		April November	Kelli Gullick
	1179C SW Buchanan			<i>1220C SW 12th St</i>					
	Topeka, KS 66604			<i>Topeka, KS 66604</i>					
				<i>(785) 354-9938</i>					
Deer Creek /Western	Marie Rojas	Jacqueline Doucette		<i>Sheila Castellon</i>	Anita Fisher	Every 1st Wed 5:30 pm	Marie Rojas	March (DC) July (W@Polk)	Lee McClinton
	2523 SE Burr			<i>2521 SE Burr</i>	2464A SE Colonial Dr				
	Topeka, KS 66605			<i>Topeka, KS 66605</i>	Topeka, KS 66605				
	(785) 266-2562				(785)2674574				
Jackson Towers	Bob VanAble	Tina Flowers	Linda Rath	Tammy Elms		Every 3rd Wed 4:00 pm Exec. Board every 2nd Wed 4 pm	Bob VanAble	May December	Lee McClinton
	1122 Jackson 813	1122 Jackson 313	1122 Jackson 613	1122 Jackson 112			Tina Flowers		
	Topeka, KS 66612	Topeka, KS 66612	Topeka, KS 66612	Topeka, KS 66612			Linda Rath		
	(785) 221-0294	(785) 221-5887	(785) 367-0618	(785) 215-6358					
Tenant Executive Board	Michael Nolting	Bob VanAble	Tina Flowers	Zelma Groves	Linda Ball	Every 2 nd Tues 2:00 am			
	(Polk Plaza)	(Jackson Towers)	(Jackson Towers)	(Tyler Towers)	(Tyler Towers)	(see TEB Host)			

ATTACHMENT G

BOARD ROSTER

Attachment G

Board of Commissioners

Joseph E Marshall - Chairman
1910 SE Sage
Topeka KS 66607
Home: 785-234-8005
Email: joemarsh@juno.com

Gary Yager
3521 SW Lincolnshire Rd
Topeka KS 66614
Home: 785-273-1179
Email: GaryEYager@hotmail.com

Frank Ybarra - Vice Chairman
2616 SW Bingham Ct
Topeka KS 66614
Home: 785-478-4192
Email: oumex10@aol.com

Nancy Artzer-May
1301 SW Fillmore #17
Topeka KS 66604
Home: 785-232-2411
Email: nartzermay@cjnetworks.com

Beth Quigley
3501 SW Wesparke Lane
Topeka, KS 66614
Email: lizziebethel@aol.com

ATTACHMENT H

ORGANIZATIONAL CHART

ATTACHMENT H

Topeka Housing Authority ORGANIZATIONAL CHART March 31, 2006

